

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014398

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

47

Primary Registration District No.

3008

Registrar's No.

116

STATE FILE NUMBER

FILED MAY 15 1962

1. PLACE OF DEATH

a. COUNTY

Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Fulton

Length of stay in 1b
1 Da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Callaway

c. CITY
OR TOWN

Fulton

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Callaway Memorial Hospital

Inside Limits
No ☐

d. STREET ADDRESS (If outside, give location)

205 State

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Samuel

Middle

Barton

Last

Truitt

4. DATE OF DEATH

Month

May

Day

8

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

1/20/1893

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months 3 Days 18

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician

10b. KIND OF BUSINESS OR INDUSTRY

Electrical

11. BIRTHPLACE (City and state or country)

Millersburg Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Major Roberson Truitt

13b. MOTHER'S MAIDEN NAME

Mary Cotten Fenley

14. NAME OF HUSBAND OR WIFE

Ella Dungan Truitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. S. Barton Truitt Fulton Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Left Pleural effusion
Cell studies in progress on fluid

INTERVAL BETWEEN ONSET AND DEATH

Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus; Recent Hemiplegia, Co?

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ N. ☐ Unknown19. AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1961 to Present and last saw her alive on May 7, 1962
Death occurred at 1:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

James S. Hice

(Degree or title)

MD

22b. ADDRESS

Fulton Mo

22c. DATE SIGNED

5-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/9/1962

23c. NAME OF CEMETERY OR CREMATORY

Callaway Mem. Gardens

23d. LOCATION (City, town, or county)

Fulton, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Maupin Funeral Home Fulton, Mo.

25. DATE RECD. BY LOCAL REG.

May 8-1962

26. REGISTRAR'S SIGNATURE

Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10147

20147

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13 1-0

VS MAY 15 1962

NOV 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ebenezer C. Myer

Licensed Embalmer No. 5092

P. O. Address Fulton, Ky.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.